

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>1348</u>	2 Fiscal Year Covered From <u>7</u> / <u>1</u> / <u>2004</u> Through <u>6</u> / <u>30</u> / <u>2005</u>
3 Name and address of person filing Name <u>BRUCE</u> <u>F</u> <u>TARVIN</u> P O Box Bldg Room No If any Street <u>222 PEARL STREET</u> City <u>CHESTERFIELD</u> State <u>Indiana</u> ZIP Code + 4 <u>46017</u>	4 Name file number and address of labor organization Name <u>LOCAL 103 INTERNATIONAL UNION OF OPERATING</u> Labor Organization File Number <u>027 204</u> P O Box Building and Room Number if any Street <u>3535 HARRIS ROAD</u> City <u>FORT WAYNE</u> State <u>Indiana</u> ZIP Code + 4 <u>46808</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>Bruce Tarvin</u>	On <u>9/25/05</u> <u>(317) 353-1308</u> Date Telephone Number

Name of Person Filing BRUCE TARVIN

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name MID CENTRAL OPERATING ENGINEERS

Trade Name if any HEALTH AND WELFARE FUND

P O Box Bldg Room No if any 1445

Street 1100 POPLAR STREET

City TERRE HAUTE

State Indiana ZIP Code + 4 47808

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

MEMBER OF BOARD HOTEL AND MEALS EXPENSES PAID BY THE FUND

11 b Approximate dollar value of such dealing

\$376

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.